

California Automated Travel Expense Reimbursement System Table Submission

The Table Submission form must be signed by an authorized department representative and must be submitted with each table update. Faxed forms will not be accepted. Departments that email table updates must submit a Table Submission form with original signature before table updates are processed. Note: The calapprover and calprofile tables contain confidential data and must be submitted via diskette.

Mail diskettes or email table updates to the following:

State Controller's Office Attn: CalATERS Personnel/Payroll Services Division 300 Capitol Mall, Room 1019 Sacramento, CA 95814 calaters@sco.ca.gov



Records Loaded

Diskette Returned

California Automated Travel Expense Reimbursement System Table Submission

| Department Nam JCM: | | | |
|------------------------|----------------------------------|-------------------------------------|----------------------------------|
| Table | Record Count | Delivery Method (Diskette/Email) | Records Loaded (SCO Only) |
| calapprover | | *Diskette Only | |
| calprofile | | *Diskette Only | |
| calaccount | | | |
| calxref | | | |
| calobject | | | |
| calreceipt | | | |
| caldivision | | | |
| calbranch | | | |
| calunit | | | |
| Authorized Departm | ent Representative | Date | |
| • | • | | |
| Fitle | | Phone Number | |
| | | | |
| Email | | Fax | |
| | | | |
| uthorized department r | representative must have a signe | ed Signature Authorization form | on file with the Controller's Of |
| • • • • • • • • • | | | • • • • • • • • • • • • • |
| Task | SCO (| JSE ONLY Complete | d Date |
| Poordo Povio | | | |
| Records Revie | weu | | |